THE HAMPDEN HIPPOCRAT
1414 STATE STREET
SPRINGFIELD, MA 01109

ADDRESS CORRECTION REQUESTED

BULK RATE
U.S. POSTAGE
PAID
SPRINGFIELD, MA
PERMIT NO. 369

When it really matters, come to Silverscape Designs.

If you're shopping for someone special to you, why go anywhere but the most beautiful store in the valley...the expanded Amherst gallery at Silverscape Design.

You'll find diamonds, gems, magnificent gifts from glass to gold — and the helpful attentive service which makes shopping fun.

silverscape designs

264 N. Pleasant St., Amherst 253-3324
3 Pleasant St., Northampton 584-3324

GOLDSMITHS • GEM GALLERY

Carol L. Nystrom
Executive Secretary

OFFICERS

Gregory A. Slachta, *President*
J. Gordon Rich, *Vice President-President-Elect*
William W. Walthall, Jr., *Secretary*
John R.S. Remsberg, *Treasurer*

EXECUTIVE COMMITTEE

Gregory A. Slachta	Ex-officio	J. Gordon Rich
William W. Walthall, Jr.	Ex-officio	Augusto G. Asinas
John R.S. Remsberg	Ex-officio	John J. Papale
Philip B. Stoddard	Ex-officio	Mark J. Mullan
Alicia M. Ross	1988	Nicholas P. W. Coe
Nancy L. Weiss	1989	John J. Zadworny
Alfred G. Garcia	1990	Gulabchand K. Shah

CHAIRPERSON OF COMMITTEES

Kenneth M. Frankel	*Mediation*
John J. Papale	*Public Relations*
Mark J. Mullan	*Legislative*
Lorne C. Smith	*Insurance*
Lester Frank	*Medico-Legal Affairs*
Harrison D. Willcutts	*Academy-Education & Library*
Bruce B. Stoler	*By-Laws*
James G. Fitzpatrick	*Medico-Religious Affairs*
Paul T. Moore	*Auditing*
Aaron M. Leavitt	*Impaired Physicians*
Walter F. Tauber	*Tax Supported Medical Care*
Joseph T. Bagamary	*Nominating*
William B. Coen	*Scholarship*
James F. X. Egan	*Public Health*

COUNCILORS

Brian P. Akers	John J. Papale
Augusto G. Asinas	Thomas F. Race
William J. Baker	D. Sean Restall
John J. Bandeian	George E. Reynolds
Robert V. Chircop	J. Gordon Rich
Nicholas P. W. Coe	Terry D. Ryan
Brigid K. Glakin	Joseph H. Sklar
Robert L. Goodman	Lorne C. Smith
Robert J. Kasper	Philip B. Stoddard
Paul T. Moore	Walter F. Tauber
Mark J. Mullan	Daniel Teres
Franco Navazio	Murray Watnick
Terrence M. O'Neill	Charles F. White

John C. Ayres	Ex-officio	Allen S. Johnson
Gardner Cox, II	Ex-officio	Gregory A. Slachta
William J. Walthall, Jr.	Ex-officio	James J. Siragusa, Jr., *President Mass. Medical Society*

THE HAMPDEN HIPPOCRAT

VOLUME XXXXIII NO. 7
DECEMBER 1987—JANUARY 1988

1414 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01109
Telephone: 736-0661

THE HAMPDEN HIPPOCRAT is published
by The Hampden District Medical Society
Springfield, MA

Acceptance of advertising in the HIPPOCRAT
Does not imply endorsement

Opinions expressed by authors are their own and not necessarily those of the Hampden District Medical Society.

HAMPDEN DISTRICT MEDICAL SOCIETY 1987-1988 SEASON

DISTRICT MEETING

PLACE:	**SHERATON WEST** Riverdale Road West Springfield, MA
DATE:	Tuesday, January 26, 1988
BUSINESS MEETING:	6:00 p.m.
SOCIAL HOUR:	7:00 p.m.
DINNER:	7:30 p.m., Spouses are welcome!
SPEAKERS:	JAMES E. DAVIS, M.D. President-Elect American Medical Association
SUBJECT:	"AMA Update on Major Issues"

NOTE: If you must cancel your dinner reservation, please call the office before noon on January 26th. If the cancellation is not made, you will be BILLED for your dinner.

CLIP AND RETURN TO

Hampden District Medical Society
1414 State Street
Springfield, MA 01109

I shall attend the meeting at the Sheraton West in West Springfield:

Please print name _____

I shall bring my spouse _____

I shall bring a guest (name) _____

Enclosed is my check for $15.00 per guest or spouse.

THE HAMPDEN HIPPOCRAT

CONTENTS

DECEMBER 1987—JANUARY 1988

VOLUME XXXXIII NO. 7

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

PAST EDITORS
Max Millman, M.D.
John C. Ayres, M.D.
Walton E. Stevens, M.D.
Vivian M. Purdy
Walter J. Pacosa, M.D.
William J. Baker, M.D.

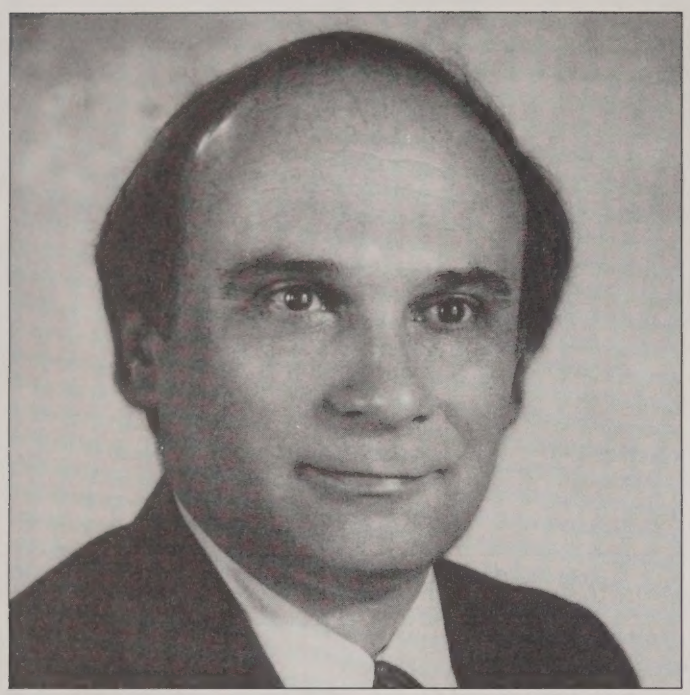
EDITORIAL BOARD
Nicholas P. W. Coe, M.D.
David W. Page, M.D.
Terry D. Ryan, M.D.

IN THIS ISSUE

HDMS President's Message	6
A Long Range Perspective	8
AIDS: A Personal Introduction	16
KNM-WT 17,000	17
To H.	19
Do Ostriches Know Something We Don't?	21
Welcome New Members	23
Patient Care Information	26

THE HAMPDEN HIPPOCRAT is published bi monthly.
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
All communications should be addressed to Carol L. Nystrom, Hampden District Medical Society, 1414 State St., Springfield, MA 01109: Telephone: 736-0661.
To be assured of uninterrupted delivery of THE HAMPDEN HIPPOCRAT, notify us in advance of an address change and include your zip code number.

HDMS President's Message



Gregory A. Slachta, M.D., President

Life is much like a dog-sled team; unless you are the lead dog, the view is always the same. The Massachusetts Medical Society Council decided at the October Council meeting it no longer liked or appreciated the view. It was only a matter of time before such an action would occur. The initial reaction was as expected; outrage by the legislature; threats against the Council by the chairman of the Health Care Committee in a letter to the President of the Mass. Medical Society; charges of treason by the press for shooting at the Governor, who is out fiddling for the Presidency while Massachusetts burns.

But what did the Council say? They said Massachusetts, because of its regulation, is not a good place to practice medicine. That is reality. Some of our members wished it hadn't been done because it will make it more difficult to bring in new associates. The reality is the rest of the country has known the environment to practice medicine in Massachusetts is not conducive to quality care or the predictability of successful practice.

Frankly, it is necessary to draw the line on this trend of utilizing medical care to cause social reconstruction. Our members will support the Society and our foes will respect us. Honesty is still the best policy.

Because of this, I believe we are closer to non-participating Blue Shield Legislation. I debated Sherwood Guernsey (D-Williamstown), Vice-Chairman of the Health Care Committee, on the "State We're In" on PBS. I was asked what the physicians wanted to make the environment conducive to medical practice. I only had time to mention three things. First, it is necessary to end retroactive malpractice premiums. As long as one cannot predict the cost of business, it is impossible to determine charges. Secondly, it is necessary to means test the Mandatory Assignment Medicare Law. It has only led to a physician exodus, cost-shifting to young families who are already financially strained, and subsidizing a wealthy segment of society in a state that is fourth in the nation in per capita income. Thirdly, it is essential to have an end to the Blue Shield lock-out of patients from medical care by enacting non-participating legislation. It is time for Massachusetts Blue Shield to be the same as Blue Shield across the country. Mr. Guernsey said he never heard of those solutions. I don't know where everybody has been the past three years, but I suspect the news blackout imposed on Boston by The Globe probably has something to do with it. I would add that rectifying those

continued

VNA
Visiting Nurse Association of Springfield, Inc.
600 Berkshire Ave.
Springfield, MA 01109
781-5070

HOME HEALTH SERVICES
24 hours a day · 7 days a week

NURSING
PHYSICAL THERAPY
HOMEMAKERS
HOME HEALTH AIDES
OCCUPATIONAL THERAPY
SPEECH THERAPY
MEDICAL SOCIAL SERVICES
VOLUNTARY CARE GIVERS

Certified for Medicare-Medicaid/United Way Agency

Serving: Agawam, East Longmeadow, Longmeadow, Ludlow, Hampden, West Springfield, Southwick, Springfield, Westfield and Wilbraham

three things would serve as a good first step in the right direction. Then over the next ten years (that's what Mr. Guernsey feels this type of legislation would take) we can work on a real cap on economic damages; joint and several liability; ending punitive damage suits against physicians in malpractice suits; ending the punitive regulations of the Board of Registration; ending attachment of mandatory assignment acceptance to licensure; anti-trust exemption to negotiate with insurance companies as hospitals can; excluding pension funds from malpractice claims; and development of expert witness panels.

I met with the Senior Action Council and Blue Shield. The Council desired to serve as mediators in what they perceive as a local falling out with Blue Shield. Blue Shield, represented by Gail Wolcott and entourage, portrayed themselves as the protectors of the elderly, preventing them from receiving the "Balance Bill" from the greedy physicians. They requested that the District call a moratorium on non-participation. Unfortunately, the District cannot and will not play a role in the Blue Shield problem, other than one of supporting appropriate legislation. The appropriate place for resolution is in the legislature and not Springfield. I would, however, request that members continue to provide care to all patients commensurate with the patients' need. I know our members will continue to use compassion with their patients and remain their real advocates. We will continue our dialogue with the Senior Action Council if it is dialogue rather than ultimatum they desire.

I applaud Laurie Bobskill of the Union-News for her fine series on health care. It should be mandatory reading for our legislators. It's only a shame it can't be run in the Boston Globe.

There is one more thing I want to get off my chest before closing. This Surgeon, your President, is tired of seeing in print the off-the-cuff comments from some of our colleagues of, "rich Surgeons"; "Cognitive vs. Procedural"; "saw people in half"; etc. It is derisive and indicates a perception that demonstrates ignorance and undermines the profession as a whole. No one has been more supportive of the entire profession or more sensitive to the needs of young physicians, older physicians, specialists, private practice physicians, and employed physicians, than myself. It is time to stop being our own worst enemy.

"We has met the enemy, and it is us"
Walt Kelly; *POGO*

"Co-operation is spelled with two letters—WE."

■

Together, Anything Is Possible.

For all your personal financial needs, stop by your local Shawmut office or call 1-800-SHAWMUT.

Shawmut

Shawmut banks are members FDIC and equal housing lenders.

A Long Range Perspective

After spending his first year on the firing line as our president, Dr. Slachta, saw the need of defining the goals and directions of the Hampden District Medical Society. In an era when our profession is changing faster than we can comprehend, examination of how we wish to try to shape our future becomes both more necessary and more challenging. Thus, a "Long Range Planning Committee" has been assembled under the leadership of Rocco Verrilli, M.D., a distinguished and thoughtful past president.

Dr. Verrilli's committee has met monthly since September. It is composed of about 20 physicians representing most specialities, private practice, academia, gray-beards, and young turks. It is the goal of the committee to present a plan of action and/or organization to us at the January District Meeting. However, in attempting to plan on how we wish to try to shape our future, it is useful to look back from whence we have come, where we are now, and how did we get here. In an attempt to do this, I have reviewed articles and letters that have appeared in the Hippocrat in its first several years of publication from 1942 to 1944 and also in its publications of 25 years ago, 1962. Then, we will take a peek inside the deliberations of the Long Range Planning Committee to see what our current M.D.'s think about our state of affairs.

In 1942 much time and energy was dedicated to the concerns of WWII, but the lead editorial in Volume I No. I is excerted as follows:

"Intent upon the practice of a demanding profession, the average physician may have fallen behind the political march of times. He may be disturbed to learn that behind the screen of an all out war effort, the Tugwellian brand of social uplifters are again at work in Washington, plotting further regimentation of medicine, and wishfully thinking of bulkier bureaus in which to perpetuate their power. Granted, though only for the sake of argument, that the capitalistic culture has failed to provide adequate medical service to a large group of unfortunates in spite of the highest standard of living that the world has ever known, where in the world has there been less suffering from lack of such service, or better relations between patients and their physicians than here in the benighted Land of the Free—of free medical service? Surely not in the totalitarian states whose heartless treatment haunts the memories of their ex-patriates so strongly that they fear to be hospitalized in our midst.

Democracy undeniably has defects, but they can be remedied. Your Massachusetts Medical Society has taken definite steps to assure medical service to groups with lower incomes by voting at the last meeting of the Council (February 4th, 1942) to establish the Massachusetts Medical Service, a pre-payment insurance plan which will be directed by physicians not by government bureaucrats. Consult the New England Journal for the details and prepare to take your part."

And in Volume I No. 3 Welfare fees came under discussion.

"October 1, 1942

It would seem that the Blue Shield has something to offer the Welfare and Relief Agencies.

Within the year one of these Bureaus has sent a letter to Springfield physicians dictating a fee schedule which they would pay for medical services. When asked why they supposed they could establish the doctor's fee, the reply was that there was no difficulty in getting physcians to make calls at reduced rates.

Every physician willingly gives his services when it appears that a charge will work a financial hardship on an underprivileged family, but it arouses some resentment and hurts his self respect a little to feel that he is being chiseled.

While at present the Massachusetts' Medical Service provides only for surgical, obstetrical and urological patients in hospitals, the support of the relief agencies throughout the state would be of mutual advantage to those agencies and to the physicians affiliated with the Blue Shield, and would hasten the time when medical care as well as surgical service would be available to all Blue Shield subscribers.

With increased taxes, increased living costs, and increased wages for other types of work there is no reason why physicians should accept less than a regular fee from the social agencies." *G.L.S.*

Other familiar movements were afoot as noted in the Hippocrate Volume II, No. 4.

"MERGER?"

"Since President E. A. Knowlton of the Hampden District Society raised the question of merger of our Society with the Springfield Academy of Medicine, considerable discussion has taken place which came to a head at a joint meeting of officers of the two societies at which the decision was reached to do nothing.

The Hippocrat asked President F.S. Hopkins of the Springfield Academy of Medicine to report for that body, After consulting the Board of Directors, he supplied the following statement:

"We are more than willing to cooperate with the County Society in any way that will be helpful to the physicians of this vicinity. We do feel, however, that each society has important functions of its own that cannot properly be exercised by the other. The purpose of the

continued

Academy is primarily the education of all the physicians of Springfield, and our standards of membership are accordingly less strict than those of the County Society. We would not wish to exclude those members who could not meet these requirments."

Finally to end our look at that era we will finish with the lead editorial of the February, 1945, Hippocrat, Volume III, No. 4, entitled:

"COMPETITION"

"Professional rivalry is not new to medical men. It has been the rule ever since the cave men of medicine tried out their concoctions on the low brow, Pithecanthropus Erectus. In some eras it reached embarrassing extremes. No doubt Aesculapius, that brilliant son of Apollo and Coronis, thought so. He, you must recall, was the well-known physician, post-humously deified, who was electrocuted by Zeus at the request of Pluto the Mortician. Why? Because the latter claimed unfair competition. The original S. Q. had gone so far as to raise a patient from the dead!

We know, too, that the early American medicine men vied one with another in influencing evil spirits with their magic right here in our Pioneer Valley below the Great Falls of the Quonecticut, while their fellow Indian tribesmen were jerking supplies of shad and renewing depleted stores of crockery at the claybanks.

Space is lacking to do justice to the brisk competition that characterized the horse and buggy era either in nags and rigs, or in so-called "medical sects." Besides the regular allopaths, there were the homeopaths, the eclectics, the physiomedicalist; then came Christian pseudoscientists, purveyors of so-called New Thought, and latterly osteopaths and chiropractors; most recently those misfortunate men of the Middlesex, who feel like their killed namesakes of World War I, those badgered "Ladies from Hell", and are equally rarin' to go.

A whole chapter might be devoted to the patent medicine venders and present-day exploiters of public health who claim to cure with their nostrums and panaceas all the ills and more to which human beings may succumb. But your tympanums currently are ringing with such claims whenever you tune in on the crowded air waves.

As a consequence, the present-day follower of Aesculapius, in spite of streamlined transport and communications, scarcely can keep sufficiently abreast of all the advances in the science of medicine to apply them in practice and still find time for food and sleep. To make his lot even more difficult, popular science journals and the lay press avidly circulate reports of medical work which not only are often premature and sometimes cruelly misleading, but the publication of such findings serves to keep the clients yapping at his heels or even a jump or two ahead.

It is not strange, therefore, that the twentieth century practitioner finds himself removed from the lofty pedestal which he occupied when the expectancy of life was shorter and simpler, but research and newsmongery were not so expansive. Nor can he be surprised to find that trained (and salaried) social workers are competing for his place as health advisers to the nation. With organized persistance they have introduced another Wagner bill into Congress to take the purveyance of health under the aegis of still another government bureau and only await a favorable opportunity to speed its adoption. Voluntary medical group insurance at involuntary rates of compensation seems to be the only recourse of the medical men of these furious forties to avert regimentation.

Briefly, let us salute the Medical Automat of the future, when crass competition will give away to political preferment and union hours shall prevail. Then patients may place their two bits in the proper slot and pull out whatever medical dish is desired—provided it is included in the panel. What if it isn't the long-preferred brand? Bologna, some say, no matter how you slice it, still is bologna. Or is it? Let us hope that it will be easier to take than the City for which it was named. S. Q. Lapius"

Now let us leap ahead to 1962 and listen to the familiar beat go on. Hippocrat Volume 18 No. 1.

"PRESIDENT'S PAGE 1962?"

"If the predictions of the Federal Administration come true and the King-Anderson Bill becomes a law of the land, a new era in medicine and our form of government will begin, namely inferior socialized medical care under an insidious form of socialism.

Some deny this, others say they will let it go no further and still others admit it and say. "What is wrong with Socialism."

The last group is better informed and honest in their espousal of Socialism.

Once the barrier of private medical care is invaded by the government, we shall have reached the point of no return—the change may be slow, but inevitable and permanent.

It is your duty to your patients and to future generations to warn that the family doctor will be changed to a government doctor unless they write their senators and congressman to defeat the King-Anderson Bill.

The future of the best medical care that the world has ever known and your country's form of government is in peril.

Wake up! Jerry Whitney, M.D."

Letter in the same issue under Correspondence we find this letter entitled:

"NEW PUBLIC SERVICE"

"Dear Hippocrat:

A new venture in public service advertising will be lauched by the American Medical Association early in January.

Every county medical society will receive the first six in a series of public service messages with the

continued on next page

A Long Range Perspective continued

recommendation that these ads be placed in local newspapers.

The ads are simple, straight forward and non-political. Each message is "open end" so that a medical society can add appropriate local information. The first six ads cover these subjects:

- *Choosing a family doctor*
- *Medical society grievances committees*
- *Doctor-patient relationship*
- *Why MD's promote immunization*
- *Medicine's traditional guarantee of care for all*
- *Cost of medical care*

Jim Reed, AMA's Communications Division director, says the ads will help medical societies fulfill their educational responsibilities to the public and at the same time improve medical press relations.

"For years newspapers publishers have resented medicine's unwillingness to buy space to tell the people its views on specific subjects. What doctors considered conformity to medical ethics was construed as niggardliness by the press," Reed said.

"Medicine's traditional reluctance to call attention to itself allows many a criticism to go unchallenged. Several medical societies have pioneered by placing institutional ads in local papers. These ads, styled as public service messages, have been extremely well received by the public and the newspaper profession."

The new series of public service ads has long been recommended by the AMA's Communications Advisory Committee, composed of representatives from state and county medical societies. The next six in the series, with accompanying art work if societies choose to use it, will be ready early in February. A.M.A."

Later that year our legislative representative reports in Volume 18, No. 7 entitled:

"REPORT OF LEGISLATIVE TRIP TO WASHINGTON AS REPRESENTATIVE OF THE HAMPDEN DISTRICT MEDICAL SOCIETY"

"On March 27, 1962 sixteen members of the M.M.S., representing various District Societies, descended on Washington in a body to meet with members of the Washington Staff of the A.M.A. and with the Mass. members of Congress. This group, under the very outstanding leadership of Dr. Wallwork, was first briefed at an evening session, which lasted to approximately midnight, by Dr. Wallwork, Dr. Edward R. Spencer, Director of Public Relations and Administrations of the M.M.S. and two members of the Washington Contingent of the A.M.A.

On the morning of March 28th the group in its entirety again met for breakfast at 7 a.m. and were briefed by Dr. Roy P. Lester, who is the Director of the Washington Office of the A.M.A., and four members of his staff. These gentlemen demonstrated outstanding knowledge of the political climate as regards King-Anderson legislation. The meeting broke up at approximately 8:40 a.m. whereupon the entire group was transported to the Capitol where it met with the Congressmen from Mass., a meeting which had been previously arranged through the good offices of Representative Edward Boland in cooperation with a member of our District, Dr. Alfonso Palermo. In a ninety minute meeting, over coffee, in which there was free and open discussion of the major facets of medical care under Social Security Dr. Wallwork proved to be the outstanding member of the group and demonstrated how well informed he was on King-Anderson legislation. He brought out very pointedly the position of the vast majority of the American doctors on this type of legislation.

In this morning meeting Dr. Wallwork especially distinguished himself and gained the respect of our delegationas as well as of the Congressmen. It was apparent Congressmen had no great understanding of the King-Anderson bill. Its objectives, cost and disadvantages were apparently unknown to the vast majority of our representatives. The inaccuracies in cost estimation, the limitation of its coverage, the built-in control by the Secretary of Health, Education and Welfare, and the obvious dangers of expansion, were facts that apparently the representatives had not been apprised of. The adequacy of Kerr-Mills, in addition to the magnificant job that Blue Cross has done and is prepared to do for the aged was information which had not been previously made available. It was quite obvious to all that many, notable Representatives Keef, Conte and O'Neil had no knowledge or understanding of the administration's proposal or of the voluntary prepaid health insurance available to those beyond sixty-five. They appeared to have very little knowledge of the function of Kerr-Mills bill in the State of Mass. Representative Curtis seemed to be looking for good answers to objections to the A.M.A.'s position which he presumably had read largely in the daily newspaper."

And finally from this Volume 18 of 25 years ago we find the entire issue No. 8 devoted to public relations. I found the article by Olive Cooper, M.D. particularly interesting and wish to publish it in its entirety. It is entitled:

"PUBLIC RELATIONS FROM A PSYCHIATRIST'S VIEWPOINT"

"Of the many changes that have occurred in the past few decades none has been more marked than the public's image of the physician. This change of image is reflected strikingly in the opinions and comments heard all around us:

"There no longer is the human element. Doctors are so impersonal; it's all business."

"Doctors annoy me with their air of superiority and their way of talking down to the patient."

continued

"Doctors are a breed unto themselves; you can't tell them anything." (This from an administrator.)

"The compassion, altruism, dedication, and consideration of the old-time family physician no longer exists."

"Doctors are a closed corporation. They all protect each other—have to; they wouldn't dare go against each other."

Most of these critics hasten to exonerate their own physician ("He is an angel"). With a little prodding they also admit that they know of doctors who are kind and who give gererously of their time to clinics, and ward work. Almost invariably, however, they conclude with the observation: "Yes, but not all doctors are like that."

Here is where we have to agree. We all know the Joe Dokes who prides himself on being able to intimidate his patients, or as he expresses it "to put them in their place". Little does he realize how he is traumatizing his patients and sabotaging at the same time his own profession. He probably is the physician with emotional problems of his own. He rails at his patient for the slightest deviation from instructions, because he feels that his professional authority is being threatened.

Similarly, you and I have heard a patient complain about exploition by another physician. He has been advised that nothing can be done unless he is willing to put his complaint in writing, over his name, to be considered later by the grievance committee. We insist on this procedure, quite oblivious of the possible fears or suspicions created within the patient. Too often because of his being loath to put his complaint in writing, we conclude that he has no case, and sit back complacently unmindful of a possible boomerang in the offing. At the same time we seem to remain utterly unaware of the advantages to be gained were we to offer more understanding and more empathy to our complaining patients.

However, we must realize that we are living today in a materialistic age. The dollar has become the prime symbol of success and achievement. It has become also the chief object of envy and jealousy. That the doctor occassionally succumbs to the influence of his mercenary environment is understandable. If he is today less dedicated and more business-like than he used to be, the era in which he lives must bear at least part of the blame. Moreover, many people labor under the delusion that all doctors are as rich as Croesus. They see an occassional Cadillac with a caduceus on it and conclude that all doctors wallow in wealth. This places the physician in the same category as the tycoon and the banker, both of whom have long been targets of scorn and resentment.

Our profession might do well to explode this myth once and for all. We may begin by pointing to the many doctors who even today find it difficult to make ends meet. Only recently the Massachusetts Medical Benevolent Society has found it necessary to appeal for more funds.

continued on next page

"The Physicians Choice"

- 24-Hour Registered Nursing Care
- Physical Therapists to Continue Your Prescribed Therapy
- Special Dietary Requirements Graciously Served
- Luxury Accommodations are available at our Longmeadow House

East Longmeadow Nursing Home & Longmeadow House

For information contact:
Beverly Ann Atkinson
Director of Admissions
(413) 567-1046

Hanover Healthcare, Inc.

A Long Range Perspective continued

The doctor's widow who is left financially comfortable is the exception rather than the rule. The preparation for our profession, both in terms of time and money is most demanding, and the young doctor seldom starts earning a livelihood before he reaches his mid-30's. Little wonder we find it so difficult to persuade young college people to embark on a medical career!

Sickness, at best, is unpleasant. Most patients resent it and everything that goes with it—doctors, hospitals and even the sugar coated pills thay have to swallow. They look upon sickness as a total waste of time and money. You can almost hear them say: "If I didn't get sick I'd be today several hundred dollars richer." (You never hear them say that about a new color TV set or automobile). This has been offered as one reason why people like to read derogatory articles about doctors, who to them symbolize sickness with all its disadvantages. Another reason offered is that there is a little of the iconoclast in all of us. Potter, writing in New York Medicine, observes that "people love to read the expose and discover the clay feet of others who maybe, have been or will be idolized".

In a recent issue of the "Doctor's Wife" 3 newsmen explain why the press dislikes physicians—"not individual doctors, but doctors in general". They all seem to agree that the lack of proper communication was chiefly responsible for the "stuffy" relations that exist between our profession and the press. One quotation will suffice: "I think that the problem is more one of communication than of economics. Perhaps the doctor should be given a course in communication. He should learn how to impart information patiently, clearly, and without condescension."

Let us try to improve communications and let us realize that among us are those whose feelings of inadequacy, and other patterns of personality difficulties, have been responsible for many of the ommissions and commissions that have contributed to our present predicament. We have nothing to hide, nor do we have to pretend by casting ourselves in the role of the omnipotent, dealing in profundities or reconditeness beyond the comprehension of the man in the street. We know that it is the least able of our group who resort to pontifical pretensions in the hope of elevating themselves to an unwarranted and unrealistic level. It is imperative that we mend our fences at once in order to strengthen our public relations, preserve our accomplishments, and assure continued progress and growth in the different fields of medicine. Let us cease indulging our whims and exposing our complexes. Instead, let us mobilize our strengths, if we are to survive. One may justly inquire: can we correct this situation or must we await the coming of the Great Father from Washington?

Vast publications have been written regarding how to achieve success in medicine, all of which today serves as but primer reading. The most vital and constructive form of education would seem to be teaching today's physicians how to communicate, how to develop such personality assets as modesty, humility, frankness, and, last but not least, a readiness to cooperate rather than to take flight to the ivory tower, away from the supposed less gifted and motley masses. Cooper

Finally, let us look at a list of public relations activities which the HDMS sponsored from 1953 to 1962.

"A DECADE OF PUBLIC RELATIONS ACTIVITIES"
(Compiled by V. M. Purdy, Executive Secretary)

1953

Emergency Medical Service, started in 1950, is progressing favorably under Joseph Baker's chairmanship.

Diabetes Detection Week. Doctors are urged to do public urinalyses, free of charge, during this week.

Rehabilitation program making progress under leadership of Roger H. Cheney.

1954

Society participates in dedication of Springfield Municipal Hospital. Springfield Rehabilitation Center Counseling Service activated.

Public Relations Committee meets in Boston twice.

Speakers Bureau for HDMS to become activated.

1955

April 22—TV program, Drs. Reilly and Burke, explaining Salk Vaccine against polio.

Sept. 11—Child Safety Campaign, Accident and Poison Prevention, etc. Free booklets distributed through drugstores, doctors' offices.

Sub-committees of PR: TV and Radio, Speakers' Bureau, Press Relation, Medical Forum, Ways and Means, Safety Committee.

Health Forums—Auditorium of Technical High School open to the public.

Under chairmanship of Dr. Reilly. Nov. 22—Cancer. Nov. 29—Heart Disease. Dec. 6—Overweight and Underweight. Dec. 13—Blood Pressure. Sponsored by H.D.M.S., Academy of Medicine, Springfield Newspapers. 4,000 attended lectures—very enthusiastically received.

1956

Sept. 11-17—Poison Prevention Week, Child Safety Campaign (in cooperation with Springfield Druggists Association) Booth at Eastern States Exposition—public response very gratifying.

Health Forum (similar to 1955). Nov. 20—You and Your Nerves. Nov. 27—Live Long and Like It. Dec. 4—Arthritis and Rheumatism. Dec. 11—You and Your Child. "Once again a very favorable PR venture". J. Baker

TV programs with Tom Colton: Salk Vaccine, Child Safety, Health Forum.

continued

PR meets with Hampden County Bar Association. Speaker Bureau enlarged. Meetings with managing editors of Springfield Newspapers and Holyoke Transcript.

High School Science Fairs—HDMS gives certificates and cash awards.

Polio Vaccine given through clinics.

1957

April 1—Joint meeting with Hampden County Bar Association Movie, "The Medical Witness."

Science Fairs.

Emergency Medical Service now in 7th year, and "continuing to serve in a worthwhile manner." Theodore Miner.

April 23—Indoctrination meeting for new members held.

May 8—Panel Discussion on Alcoholism. Jerome A. Whitney with Springfield Newspapers.

1958

Series of newspapers articles released for Springfield Republican: History of H.D.M.S., Health Facilities, Voluntary Health Insurance, Immunological Therapy in Children.

April 14—Indoctrination dinner for new members.

1959

Jan. 20—Special meeting at Municipal Auditorium to discuss problems of mutual interest to medicine, industry, labor and insurance.

TV Series presented: Your eyes. Alcoholism. Ambulatory Care of Arthritis. What a Few Drops of Your Blood Will Tell. Exercise and Your Heart. Home Accidents and Your Child. Disaster in Your Community. After 65 Plus. Headaches. Physical Fitness. Science Fairs—15 Schools participating.

May 19—Mock Trial with Hampden County Bar Association.

1960

March 30—Proclaimed Doctor's Day by Governor Furcolo, with donation made to American Medical Education Foundation.

June 8—Hampden District Association of Medical Assistants organized. TV program, Mental Health, Dr. Olive A. Cooper.

1961

Jan 18—Poision Control centers established in Emergency Wards of each hospital.

Science Fairs held.

May 8—Opening of headquarter offices with Mrs. Vivian Purdy, Executive Secretary.

June 5—Indoctrination Dinner Held.

Thus, we can see from these two snapshots of eras past that our predecessors were not entirely blind to the future, nor entirely inactive. However, in the ebb and flow of social and political change many of the problems in medical practice which they accurately foresaw, have seemed inevitable. However, what they did not see as clearly were the "miraculous" ability to cure and alter disease that the medical industrial coalition of a free society has developed with the infusion of financial support for research and medical education from our federal government.

In this complex series of changes that have occurred, the physician and his medical society have been placed in a difficult role if they wish to maintain their independence. Our Long Range Planning Committee is attempting to come to grips with these changes and to point our society in a direction which is appropriate for ourselves, our patients, and our profession. Thus, the group began meeting in September. While we are awaiting its report let us look at their minutes to gather some insight as to where we (collectively) are now. All quotations will be anonymous except for those of Dr. Verilli and Dr. Rich.

Dr. Verilli began the first meeting in September by asking the committee members for their thoughts as to how the society should grow in the future.

Dr. _____, "The society should become more politically involved in regards to the regulatory aspects of legislation."

Dr. _____, "My Patients are unhappy about the Blue Shield situation. We need to hire a public relations firm to let them know our side."

Dr. _____, "The society should do more community service. I am also concerned with our loss of credibility with the legislature."

Dr. _____, "I see a need for an executive director type person."

Dr. _____, "After 20 years of watching this Society, I have not seen any radical change for the better. We should have somebody as a director. There is no cohesiveness among the doctors. There is a problem getting different communities and different hospitals to agree. The perception of our medical profession is not good"

Dr. _____, "What is bad for our profession is that some doctors bad mouth others."

The meeting concluded with the following suggested format to think about.

1. The Committee re-examine the present organization. Look at the structure. We need some continuity on the professional level. We need someone to act as a full time Chief Executive Officer. Consider creating a Steering Committee composed of the officers and committee chairman.
2. Western Mass. and Eastern Mass. are unbalanced and slanted towards the Eastern part of the state at Mass. Medical Society. An association of the Societies in Western Mass. should be considered with the officers of these societies getting together.
3. Consideration should be given to hiring a professional lobbyist.

continued

A Long Range Perspective continued

4. Consideration of a change in the site of the Society, perhaps for a downtown location.
5. Consideration of a dues increase for funding the above.

The meeting on October 22, 1987, was begun with a request by Dr. Rich for direction from them as to how the society should proceed. Some of the answers he received were:

Dr. _____, "You must do something for the public, do community service."

Dr. _____, "It is improtant to educate the public as to why these problems exist in medicine."

Dr. _____, "I would suggest having brochures made up and put in all the physician's offices."

Dr. _____, in discussing radio programs that had been put on in the past said, "You must be careful that what you do does not appear self-serving. You have to show the public that you are in there pitching for them. I think that the important thing here is communication and public relations."

Dr. _____, "I feel very strongly we are missing the boat. We are focused on what happens to us. The sort of thing the public is concerned about is long waits in emergency rooms, long waits in doctor's offices, rude personnel, etc. The public is worried about the cost of their care. The issue is still there on access to care for the poor. We must act together to take care of some of these issues that the public perceives as important to them."

Dr. _____, "We are in practice to be of service to the public. We must get this idea across to them."

Dr. _____, "We set up an Editorial Board and on a weekly basis present an article on a health topic as an educational service."

Next, some of the agenda which Dr. Verrilli has proposed at the previous meeting was discussed. The subject under discussion was a chief executive officer. Dr. Verrilli, "Continuity is important. Other organizations have some sort of office that carries the policy forward."

Dr. _____, "We should pay an individual and have him on a full-time basis. We should set up a public relations office."

Dr. _____, "I see a salaried Public Relations person. You could have an organization of past Presidents to provide continuity."

Dr. _____, "I could see having an Executive Director who also does public relations representing all the Societies in Western Mass., not just ours. In the past, the Executive Committee members were asked to plan to be President and they used the Executive Committee as their training ground."

At the November meeting Mrs. Nystrom introduced Ms. Barnes of Barnes & Barnes Advertising saying that this agency had been working on Public Relations with the Society for several years. Dr. Verrilli then distributed copies of a Preliminary Program he had devised. After discussion, the committee felt that Dr. Verrilli's suggestions should be presented to the membership at the January District Meeting. A final meeting for December was established.

Thus, we continue to try. The efforts of our predecessors were hardly an outstanding success, but we do not doubt for one minute their will or their energy. Will we be more successful? Only if we can learn from the past. It takes more than planning. It will take committment of time and money to public education, public relations, and an organization that provides better continuity from year to year. A dues increase seems inevitable; a re-direction of our present resources seems needed; and organizational continuity needs to be developed. May our success be applauded in 2012! ■

Terry D. Ryan, M.D.
Co-Editor

FOR EVERYTHING IN TRAVEL!
AGENTS FOR LEADING AIRLINES, HOTEL & STEAMSHIP COMPANIES
DOMESTIC & FOREIGN TRAVEL
TRAVEL AGENCY
ARRANGED FOR BUSINESS OR PLEASURE
FULLY COMPUTERIZED RESERVATIONS & TICKETING SYSTEMS
Weidner Travel, Inc.
JOE MELL President
Everything in Travel
ANYWHERE IN THE WORLD Call 781-0550
205 DWIGHT ST. SPRINGFIELD

Why others always compare themselves to Mercedes-Benz.

Those makers who commend their cars as substitutes for a Mercedes-Benz know what they are doing.

There is always a market for the product that is a bit less technologically ambitious, a bit less mature in design, a bit less quality-obsessed. Because these shortfalls allow it to be sold for a bit less money. And there are always more people in search of the lowest price than there are people in search of the best automobile.

But for those whose personal automotive equation is purer—who cannot abide second best—this argument is no argument at all.

It is to serve the demands of people like these that authorized Mercedes-Benz dealers exist. Their language is our language. Their standards are our standards. And their idea of automotive excellence is ours: Mercedes-Benz.

Other makers will continue to compare themselves with Mercedes-Benz, in hopes that this reflected glory may add the lustre their own names lack. It may even bring crowds of people to their showrooms.

And of these, some will drive away with a so-called bargain. Meanwhile, at our showrooms, discerning individuals will be driving away in their Mercedes-Benz.

Like no other dealers in the world.

See your authorized Mercedes-Benz dealer.

LEWBAR IMPORTS, INC.
603 Riverdale Street
West Springfield, MA
(413) 733-5102

© 1987 Authorized Mercedes-Benz Dealers

AIDS: A Personal Introduction

Both as a physician and as a citizen of the USA, I read, with growing embarrassment, the new book, "And The Band Played On. Politics, People, and The Aids Epidemic" by Randy Shilts.[1] Mr. Shilts writes as a reporter for *The San Francisco Chronicle* since 1982, assigned full-time to cover Aids for the newspaper. He was referring, in the title, to the initial lack of attention to the epidemic new disease by almost everyone in this country except its victims. As I read this book, I became increasingly aware of how little I knew about the whole subject. I wondered why and began to consider the basis of my own lack of information.

Aids or Acquired Immunodeficiency Syndrome had started out as a disease of male homosexuals. The epidemic was first reported 6½ years ago, in June 1981, in the Centers for Disease Control's (CDC) weekly Newsletter, *The Morbidity and Mortality Weekly Report*, as "Pneumocystis Pneumonia—Los Angeles." "In Homosexual Men" was even dropped from the original title so as not to offend either side, gay or straight. Neither the media of press, TV, and radio, nor the medical establishment chose to cover or investigate the unattractive condition, no matter how unusual.

Contrast that with the general hue and cry raised to another sexually transmitted disease, Herpes Genitalis, when it reached epidemic proportions several years before. Herpes obviously was a disease of heterosexuals and, therefore, of more interest to all. Again, when the mysterious Legionnaire's Disease had come along previously and later toxic shock syndrome and even cyanide-laced Tylenol, the (CDC) and the news media were right there with their investigators, scientists, and reporters. Answers and solutions to those three public health problems were impressively prompt and efficient, as expected in this medically sophisticated country. Not so in Aids, however, more mysterious by far, as well as invariabley incurable and fatal. It should be noted, also, and even emphasized, that the domestic stringencies of the Reagan-Bush administration did nothing to help funding for the scientific study and investigation of the disease, which proved to be caused by a strange, new virus. "Star Wars" got a lot more attention and money.

When Aids next became recognized among intravenous drug abusers in New York and New Jersey on the east coast, as well as in some Haitians, it appeared to be a disease of the poor and non-whites. They were scarcely more popular as a group than the gay men on the west coast and hardly worthy of more attention. Furthermore, they proved to be even less accessible and their devlish habits almost unassailable, with or without the Aids virus.

Another, smaller group at early risk for the blood-borne infection were the 20,000 hemophiliacs in the country. They had greatly benefitted from injections of the Factor VIII blood component. Now suddenly they were infected or at least at risk, as they continued to receive the vital but contaminated product. Credit the recalcitrant behavior of the Food and Drug Administration (FDA), with its authority over blood products, and the negative response of the whole blood banking industry, non-profit and for profit. The FDA did not totally believe that Aids even existed, and the blood bank people were not convinced that the disease could be transmitted through blood.

Inevitably, all those receiving the 3.5 million transfusions per year, also, were exposed to the disease and either already infected or at risk for Aids. Gay groups were opposed to screening of blood donors on the grounds of discrimination. Screening either by elimination of high risk donors or by testing for Hepatitis core antibodies (before HIV was discovered) was considered expensive and probably wasteful by the blood bank industry.

And so the epidemic went, on and on, without serious intervention—women intravenous drug users coming in with their children—until as late as 1983-84 when the agent was finally identified in France and the USA as a retrovirus, HTLV III or LAV or finally HIV. Most of us still do not know all that much about the disease, which, predictable, like The Bomb, could destroy the planet for man. Here and now, I am merely introducing the subject and leading off a continuing series of more scientific statements on a condition both fascinating and deadly.

Francis J. Riley, M.D.
Chairman, Public Health Committee

---

[1]Randy Shilts, *And The Band Played On. Politics, People, and The Aids Epidemic* (New York: St. Martin's Press, 1987)

Leiter-Sadowsky Artworks Unlimited
Offering a variety of Art Consultation Services
Serving the Residential, Commercial,
and Corporate Communities
On-Site Consultation—Custom Framing
ORIGINAL ART • LIMITED EDITIONS
MIXED MEDIA • REPRODUCTIONS
P.O. BOX 677 • East Longmeadow, MA 01028 • (413) 567-0319
RICKIE LEITER **BARBARA SADOWSKY**

KNM-WT 17,000

What do you imagine the above refers to:

1. *a Europeam telephone number*
2. *an FDA designation for a new fifth generation cephalosporin*
3. *the atomic weight of the newly discovered metal in Florida called Kondominium*
4. *a cryptic epithet for a newly discovered hominid skull*

If you share my hobby interest in the discoveries in paleontology during recent years from the Lake Turkana area of Kenya, you know that seductive bits of hominid bones continue to be scrapped together, and the recent fragment findings when assembled creates yet another peculiar skull begging accommodation in man's evolutionary tree. Apparently this time our lineage has tumbled into complete disarray. Recent articles depict at least three emerging evolutionary arbors with the new cranium variously placed on a different branch in each. To my amateur eye, they all look pretty much the same.

Maudlin morsels of these ancient skulls have been painstakingly picked from the outwash sediments about the expansive African lake by Richard Leakey, prolific son of Louis and Mary. All of this follows the discovery in 1983 of Lucy, a relatively intact if diminutive two million-odd year old skeleton, as well as fossilized homonid footprints—all-in-all a lot of fresh data since Raymond Dart's unearthing of the Taung infant in the nineteen twenties.

And with these discoveries has arisen the startled cry of Australopithicus afarensis (our two feet tall ancestors) from afficionados throughout academia. In a nutshell, the paleontologic heavy hitters suddenly don't know who we are anymore.

But then again, did you ever really believe anyone could reconstruct a complete skull on a pliable template from a few flimsy fragments of zygomata, molars, or nasal bones? Yet, literate man continues to be tantalized by evolutionary evidence of an emerging Homo sapiens lineage from the likes of such cousins as Australopithicus afarensis, A. boisei, A. Robustus, and A africanus—all with notable small brains. Apparently, these spindly little fellows didn't share Homo's heightened cranial bulge and less capacious eyeball sockets, leaving the skeletal suggestion that they weren't quite as smart.

The rest of the story is history. Natural history.

Lesser homonid forms retreated into oblivion, no doubt settling into a quiet life of food gathering, procreation, and an unknown quantum of thought. Not Homo sapiens, the little cerebrotonic devil! Over the last two or three million years he has emerged fully upright with binocular vision, scant hair, and—relative to the rest of the mamalian world—enormous genitals. And while the latter anomaly preoccupied his waking hours, man nontheless developed several civilizations and slaughtered his fellow humans while creating numerous distinct geopolitical systems of mass control.

Then, ten thousand years or so ago, the North American ice sheets receded, oceans rose, and small tribes of Paleo-Indians flourished in what became the New World. As in the cradle of man's emergence in Africa, American peoples gathered food and became hunters. Great societies arose and, after several Indian and white man wars, a tea party, civil strife, and the dawn of the concept of personal freedom, there arose the beginnings of scientific medical practice. Eventually, hordes of immigrants and freedom loving native Americans returned to the Old World to fight two bloody wars. After practicing medicine and surgery during subsequent battles, doctors learned how to care for their patients. War was a good teacher.

You would have thought that when the doctors began dissecting dead bodies, revealing the nature of the nervous system with its new cerebral cortex that they might also have spied the brainstem beneath. Not as large as their genitals, nonetheless this unconcious animal brain had not changed much since the epoch of the KNM-WT 17,000 skull. And, although the facial expression of our ancestors became less brooding and fierce with the emergence of Homo sapiens, the neural underpinning of the brainstem remained stolid. They might have guessed at why there will always be war and therefore power. Because that's where we got politicians.

Throughout the world, some of the ancient tribes did well, ate excessively and suffered diseases of excess, while others starved. Some of their decendents continue to starve to this day or clog their arteries from having too much. That is, when there's not a good war going on. Tribes lived by two types of government: a few men with absolute control, or a group of men elected by their peers with shared power. The latter system was earned at a horrible cost of human lives in all of those wars. They'd already wiped out the buffalo.

The tribes who practice this form of government called it democracy. The common folks could say pretty much what they wished and the big brains that followed Cromagnon Man invented writing, gunpowder, and lying. That's how we got the two hundred year old constitution. And politicians.

continued

KNM-WT 17,000 continued

The medicine men of the age eventually found themselves chained to the intellectual products of conception of this idea called freedom turned against itself. From the bowels of a great democratic nation arose what they called a baystate where the leader of the tribe (whose father reportedly was a medicine man) created a special government based on freedom.

Let's look at this chieftain's intellectual child, his distillation of two million years of neocortical evolution:

- if you have special life-preserving skills and knowledge you are honored by his government with paultry payment or a pauper's pence (the Chieftain calls this Medicaid)
- from your pauper's pence you will pay enormous amounts of money to anencephalic thieves known as lawyers as well as holding companies because you alone are responsible for the frailty of human flesh
- if you wish to use your special skills you must accept conditions of re-imbursement which denigrate the very specialness of your abilities (only the Chieftain may be special)
- if you disagree with those tribe members who do not produce a tangible product for the benefit of others but rather seek error in your work, you will have no recourse or avenue to use your intellect and must cower as though guilty, like a pack animal
- the Chieftain may ask you to care for all of the tribe no matter what the personal toil and you will care for visiting tribe members if they choose to luxuriate in your camp

Freedom, like the myriad delicate species of evolving life that preceded it, seems on the brink of extinction. Two geopolitical systems in our world are void of freedom: one, in the Soviet Union (where glasnost is at least an attempt to save it), and in our baystate where totalitarianism was first introduced into the healthcare arena. The sons and daughters of the men and women who fought total political control are now tied to the firing post and the cannons have changed hands.

Could our baystate be a back alley of evolution where those fragile, spindly pre-humans of two million years ago successfully survived? Could it be that the totalitarianism in medicine is the by-product of a species of hominid which evolved incompletely, small-brained, and incapable of the great concepts of full cerebral life? Namely, truth, honesty, courage?

Could those bushy eyebrows be concealing a diminutive KNM-WT 17,000 cranium?

David W. Page, M.D.

DOCTORS WANTED

Like the Marines, we are also looking for a few good men (or women). However, we seek Board Certified Physicians, who are particularly proficient in patient history and physical examinations.

Medical Assessment Programs, with medical facilities in Boston and Springfield, Mass., and in Providence, R.I., provides comprehensive independent medical examinations for Workers' Compensation, Liability and Bodily Injury patients.

Full and Part-time positions available. Hours are Monday through Friday 9 to 5. No nights and no weekends.

EXCELLENT BENEFITS AND SALARY

Call Dr. Smith at (617) 449-8201

MEDICAL ASSESSMENT PROGRAMS

32 Fremont Street, Needham Heights, MA 02194

To H.

First, in warning, let me say that as a physician I am still fresh and my ideals are not yet stale. I have been thinking lately about AIDS. H. died over the weekend. I knew he would, he had been transferred from the unit NCPR and with no more pressors. He was thirty-two years old.

H. had been my first AIDS patient and I his first AIDS doctor. It was when I was a third year medical student and fresher still than now. He had been diagnosed as having ARC—+HIV and TB (still HTLV-III, then). The family practice preceptor and I had discussed this diagnosis with him. He was quiet, asked a few questions, seemed to want to comfort us. His wonderful dark eyes matted in white within the glowing black frame of his face, always offered respite.

Over the next two years AIDS had many faces as I moved through those early clinical clerkships. What a coup when I came up with a paper on the evaluation of abdominal pain in AIDS patients during my surgery rotation. It gave the residents a whole panel of new tests to order to avoid operating. That patient had a blank face, always turned to the wall, the blue lesions on his back exposed to curious gaze. Kaposi's? Derm was doing the work up.

And in medicine there was B, demented as Alice's hatter, skinny, disheveled; one physician-lover dead, the other suggesting new tests every day. His face was feverish, concentration camps in his eyes.

And also in medicine, a playwright. I don't know if his name is a part of this roll call. His attending kept his HIV titre secret. Esophageal candidiasis, unexplained fevers. He was a "doctor draw" for blood work. That meant me—I always wore gloves. He had many blood cultures. His animated face matched his conversation. His isolation room was a place of escape to converse about the theatre. I haven't read his obituary in the TIMES. I do look for it.

Another—I. whose face was haunted by the future of the three children her drug addict husband had given her before infecting her with his own close fate. There were other faces, too, Hispanic, black, white, old, newborn, whole families.

And H., again, a year later. This time I was on an inpatient consultant service. He was septic from his central line for chronic amphotericin after having cryptococcal meningitis. "But he's an AIDS patient," I was told when I asked to follow him. "I know, but I've had him before," I replied. No one objected.

I never wore gloves to examine H. It would have betrayed something between us.

He was an artist. I remember going into his room one day and commiserating that his window offered only brick pillars and brick walls. "But it changes with the light," he answered. H. was perhaps the gentlest human I have known.

H. died over the weekend a year later, and I a doctor now and helpless. I visited him just before he was intubated, speechless, he squeezed my hand and his eyes offered respite, framed in a face, swollen with edema and streaked with secretions. I suctioned him and offered him my tears and hoped no one saw.

Are there lessons here? Perhaps only one. Behind the fear and the black humor and the avoidance of the rooms of the dying are faces of people who are scared, who laugh and who need caring and company. To care for the disease of AIDS we must care about the people who have it. These musings have no other moral. H. died over the weekend.

Gail Dickinson, M.D.

Message Center Beepers
1401 State Street, Springfield, MA 01109
Mobiletelephone ■ Beepers ■ Answering Service
781-1149 **Mass** Toll Free: 1-800-332-1149

Dine in
Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE LOG CABIN
Easthampton Road, Route 141
HOLYOKE
536-7700

PENSION ASSOCIATES INC.
1234 Main Street
Springfield, Mass. 01103
781-1261

CONSULTATION
AND
ADMINISTRATION
FOR ALL TYPES OF
EMPLOYEE
BENEFIT PLANS
and
EXECUTIVE
COMPENSATION
PLANS

William R. Massidda
Robert A. Walker
Richard A. Labine

$.....

THE BOTTOM LINE
IS GETTING PAID!

PAID FOR YOUR SERVICES • PRODUCTS

WE ENHANCE BOTTOM LINES
through professional
COLLECTION SERVICES

ETHICAL • EXPERIENCED • EFFICIENT
BONDED

for further information
785-5800

HART ADJUSTMENT BUREAU
1355 LIBERTY ST., SPFLD., MA 01104

Do Ostriches Know Something We Don't?

Why does there seem to be more craziness these days than ever before? Is there truly more insanity in the world, or is it just that the communications media are so all pervasive that we just hear about more atrocities than we used to? Was it really "better" in the "old days" or is it the same and we just didn't know about it?

Sometimes it seems that the greater the dissemination of aberrant thought and action, the more it propogates throughout the nether regions of deviant society like a malignancy. How many times did someone confess to being "The Son of Sam" or "The Hillside Strangler" before the real culprits were caught? Copycat crimes have become a serious reality. In a bizarre reflection of their own culpability, writers in the visual medium have even used this very threat for dramatic effect—after all, if it will sell advertising copy, then who cares? The more educated the underworld becomes, the more they realize that Charon rows both ways.

Sometimes it also seems as if the malpractice woes have blossomed not from an increase or an excess of poor medical practice, as some have suggested, but rather, as most of us have known all along, from an explosion of greed, a realization that the free lunch, so often refuted by Milton Friedman, is a reality if only the right deep pocket can be found. Why has this change occurred? Surely the psychic who lost her "powers" after the CT scan would not have stumbled onto this lucrative concept in the abscence of the media coverage afforded similar ridiculous suits? Nor would the patient who underwent a gastic restriction procedure for obesity and then gorged himself from the ward refrigerator until his staples burst have figured out that it was, of course, the hospital's fault for allowing him to have access to the refrigerator. Not least of these latter day entrepreneurs was the surfer in California who suffered a cervical spine injury and sued the town on who's beach he had been surfing for not having a notice warning him that surfing could be dangerous. I have the feeling that if these absurdities were not granted air time or print space that an awful lot of time would not have been wasted. Of course some lawyers might then have to forego their vacations. It is an interesting perspective on our society that the town of Beverly Hills, with a population of 50,000, boasts 4,000 lawyers and 350 plastic surgeons.

Sometimes it seems that every time one turns on the evening news or picks up the morning paper that all there is in the world is death and disaster. "It's good news week" is still as pertinent twenty years later. Fortunately, by some incredible and inexplicable stroke of good fortune, no one has, as yet, "dropped a bomb somewhere, contaminating atmosphere, and blackening the sky". Yet the media do seem obsessed with an oppressive preoccupation with pain and grief. When the KAL airliner crashed recently, the footage was primarily of the grief stricken relatives. There is rarely any extensive coverage of Formula 1 racing, save perhaps for a brief view of the Indy 500, unless there is a crash. Then the gory fireball is replayed ad nauseam and the torn and twisted metal dissected for its last, fatuous, bloodthirsty detail. How many times have you seen that tragic spiral and the agony on the faces of the relatives as The Challenger blew?

The ultimate irony of this seemingly vacuous bruiting by the media is the impact on the activities of terrorists. It is eminently clear to most of us that if the American and European press refused to publicize or even acknowledge the criminally insane rantings of the Ayatolluh or of Ghadafi that not only would no else cover such issues, but what's more, no one would even care. Hostage taking and demands for ransom work only if the press is willing to play into the hands of the perpetrators of these atrocities.

Do we really learn and benefit from all that the media of the eighties bring into our lives, or has sensationalism, the need to sell advertising space or simply the need to fill air time or copy space, replaced editorial discretion and the common respect for human decency? By all means the media brings us information, news education and entertainment, but there is also a darker side that I'm not at all sure we need or want.

Of course I feel the tears of the victims and their loved ones, the pain of the starving, the agony of the deprived and oppressed and the hopelessness, the misery and the suffering that exists today. Who can not? Yet sometimes, it seems that those who report the news, whether writers, anchors, editors or publishers, don't personally give a damn. Each episode of man's inhumanity to his fellow beings is milked for its maximum dramatic effect.

But does being bombarded by the constant tragedy of life make one more aware, make one a better person, make one send more money or make one buy more Snickers Bars? Sometimes, when the atrocities, craziness and absurdities pile up and the last vestiges of human decency have been dashed to the ground, I wish I had a long neck and a nice warm pile of sand. ■

Nicholas P.W. Coe, M.D.

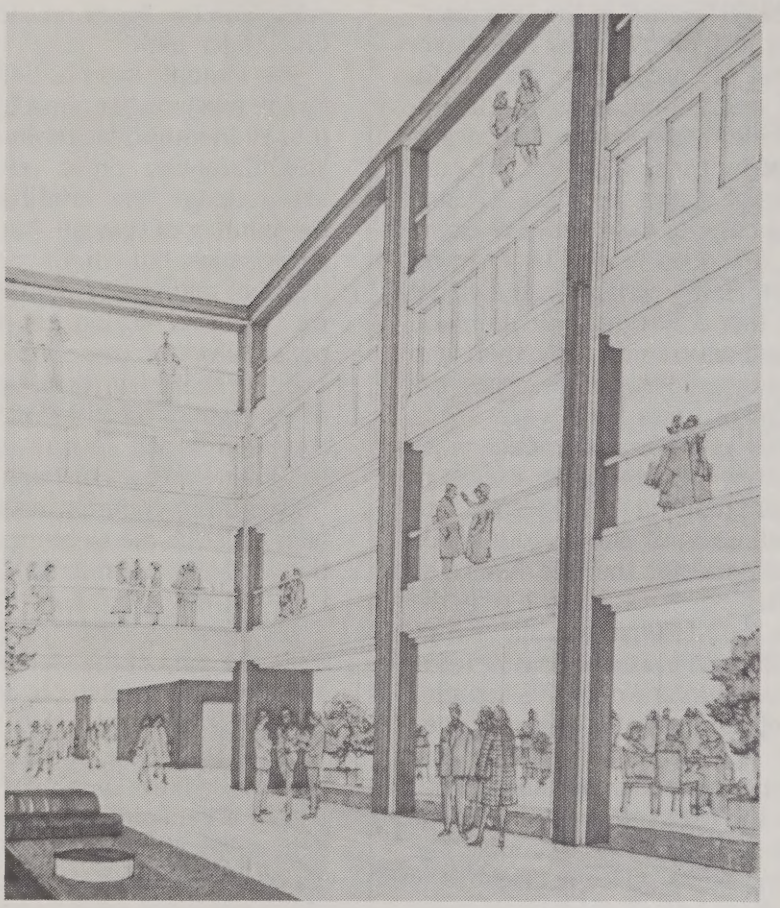
MARY LYON NURSING HOME

Hampden
Massachusetts

MEDICARE APPROVED

Phone: 566-5511

Your Advantage: Your New Office.



The Physicians Office Building at Mercy Hospital.

Consider the advantages of owning a medical suite at the Physicians Office Building at Mercy Hospital:

- The enhanced image of your practice located in a beautiful, uniquely designed facility at the hospital campus.
- Investment for the future, and tax savings today through condominium ownership.
- Convenience for you and your patients. Connected to Mercy Hospital, the Physicians Office Building offers direct access to corresponding hospital floors.

This exciting new building will be available for occupancy in early 1988. Several excellent suites are still available, and can be yours at a cost that may be equal or even lower than your current office rent. Consider the advantages and call for more information today.

Edward J. Kulik and Associates
413/739-8191

Welcome New Members

T.K. Raman, M.D.
222 Carew Street
Springfield, MA 01104

BORN:	July 17, 1938
PREMED:	R. R. College, Bombay
MEDICAL:	Medical College, Nagpur, India 1956-61 Bombay University 1963-67
INTERNSHIP:	Nagpur Medical College Hospial January 1962-December 1962
RESIDENCY:	Sinai Hospital, Baltimore, MD July 1967-June 1968
FELLOWSHIP:	Albany Medical College 1970-72
SPECIALTY:	Internal Medicine/Pulmonary

Thomas G. Brandecker, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	March 29, 1960
PREMED:	Muhlenberg College, Pennsylvania 1978-82
MEDICAL:	Georgetown University, Washington, D.C. 1982-1986
INTERNSHIP:	Baystate Medical Center 1986-June 1987
RESIDENCY:	Baystate Medical Center, July 1978-Present
SPECIALTY:	Internal Medicine

Harshad V. Sanghvi, M.D.
85 South Street
Ware, MA 01082

BORN:	November 25, 1953
PREMED:	M.S. University, India 1970-71
MEDICAL:	Baroda Medical College, India 1971-75
INTERNSHIP:	Englewood Hospital, New Jersey 1982-83
RESIDENCY:	Englewood Hospital, New Jersey 1983-85
FELLOWSHIP:	Mt. Sinai Medical Center, Ohio 1985-87 (Cardiology)
SPECIALTY:	Cardiovascular Medicine/Internal Medicine

Raymond D. Pierson, M.D.
Mercy Hospital Rehabilitation
271 Carew Street
Springfield, MA 01102

BORN:	May 5, 1957
PREMED:	University of Massachusetts 1975-79
MEDICAL:	University of Mass Medical School 1979-80 1981-84
RESIDENCY:	U.C. Davis Medical Center 1984-87
FELLOWSHIP:	Outstanding Engineer—Polaroid Foundation Fellowship 1978-79
SPECIALTY:	Medical Director, Mercy Rehabilitation Physical Medicine & Rehabilitation

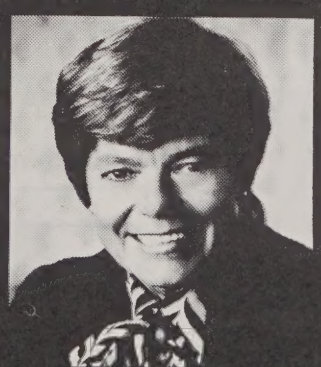
continued

COMMITMENT

TO THE COMMUNITY
A strong commitment to my client's financial welfare is really an outgrowth of a long-standing commitment to the community. Helping people achieve their goals has always been part of me, whether by serving on local boards or advising individuals on investment choices.

TO FINANCIAL SERVICES
The best financial advice is frank and honest, based on solid research and analysis. That's what I give my clients. My job is to listen to their financial goals, make clear and concise recommendations, and then implement and monitor their choices.

TO EXCELLENCE
Commitment to excellence is more than the credentials and knowledge people need to do their jobs well. It's an attitude. I give my clients the best continuing service I can. That's why they come back, and recommend me to their friends, family, and colleagues.



Betty Rae Poppo, CLU, ChFC

BRP FINANCIAL SERVICES
1341 Main Street
Springfield, MA 01103
(413) 736-6712
PROVIDING CREATIVE PERSONAL FINANCIAL SERVICES SINCE 1979.

Welcome New Members

continued from previous page

Timothy A. Emhoff, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: March 14, 1950
PREMED: U.S. Air Force Academy, Colorado 1968-72
MEDICAL: George Washington University 1972-76
RESIDENCY: Wilford Hall, USAF 1976-June 1978
School of Aerospace Medicine July 1978-September 1978
Brooks AFB September 1978-June 1980
Wilford Hall, USAF July 1980-83
FELLOWSHIP: Maryland Institute for Emergency Medical Services 1983-84
SPECIALTY: Associate Director, Trauma Service, Baystate Medical Center

Roger H. Knowlton, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: November 21, 1951
PREMED: Atlantic Union College, MA 1974-77
MEDICAL: University of Health Sciences 1977-81
INTERNSHIP: Osteopathic Hospital of Maine 1981-June 1982
RESIDENCY: Osteopathic Hospital of Maine August 1982-83
Baystate Medical July 1986-Present
SPECIALTY: OB/GYN / General Practice

Christopher N. Otis, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: April 5, 1956
PREMED: Bowdoin College, Maine 1974-78
MEDICAL: Yale University School of Medicine 1978-82
INTERNSHIP: Yale New Haven Hospital 1982-83
RESIDENCY: Yale New Haven Hospital 1983-85
FELLOWSHIP: Yale New Haven Hospital 1985-86
SPECIALTY: Anatomic Pathology

Raif S. Ishak, M.D.
1221 Main Street
Holyoke, MA 01040

BORN: February 1, 1945
PREMED: Fayoum Secondary School
MEDICAL: Cairo Medical School, Egypt 1960-66
INTERNSHIP: Cairo Unviersity Hospitals 1966-67
SPECIALTY: OB/GYN

Patricia M. McIlvaine, M.D.
2 Main Street
Monson, MA 01057

BORN: February 4, 1947
PREMED: Simmons College, MA 1965-69
MEDICAL: University of Utah 1980-84
INTERNSHIP: U Mass Hospital, MA 1984-85
RESIDENCY: U Mass Hospital, MA 1985-1987
SPECIALTY: Internal Medicine

Distinctive Dining at Springfield's
STUDENT PRINCE
and
FORT RESTAURANT
8-14 Fort St. 788-6628-Springfield

TENORMIN
TENORETIC TABLETS
NOLVADEX
Frank Bobbin
ICI PHARMA

TOROS OMARTIAN & SON, Inc.
We Buy and Sell
ORIENTAL RUGS
286 Bridge Street
Tel: 736-1531
Open Thurs. til 9:00 p.m. *Free Parking Validated*

The Robert B. Doyle Agency

Serves

The Western Massachusetts Medical Community

WE:

- **APPRAISE** and **SELL** practices
- **DESIGN** start-up marketing strategy
- **RECRUIT** associates
- **PLAN** retirement steps
- **PROVIDE** investment products and quality tax shelters
- **FUND** pensions and other fringe benefits
- **STRUCTURE** charitable giving
- **RECOMMEND** money management firms
- **FIND** and **LEASE** medical office space
- **WELCOME** inquires

ROBERT B. DOYLE, C.L.U., President
95 State Street, Suite 511
Springfield, Massachusetts 01103
(413) 785-1659

Benefit From Years of Expert Shoe Fitting at ARNOLDS

CRADLE YOUR FOOT IN SOFT DEERSKIN

PILLOW TOPS

THE *EXTRA* DEPTH SHOES
REG. U.S. PAT. OFF.

FOR MEN AND WOMEN

Other Styles Available

- Extra Depth Shoes are especially designed to give natural support to the arches of the foot.
- Perfect for Post-operatives, people suffering from weak arches, bunions, hammer toes, enlarged joints or metatarsal discomfort.
- These Lasts are ¼" deeper, allowing room for our special cushioned inlay for super comfort, which is easy to customize. Or remove the inlay to accomodate molds or arches.

"Put Your Feet In Reliable Hands"

ARNOLD'S Foot Health SHOES

FREE PARKING

327 BRIDGE ST., OPP. STEARNS SQ.
Open Mon. & Thurs. Nites

Also Custom-molded Footwear

In today's world of high technology and high touch...

PROTOCARE / **PIONEER VALLEY HOME INFUSION THERAPY, INC.**

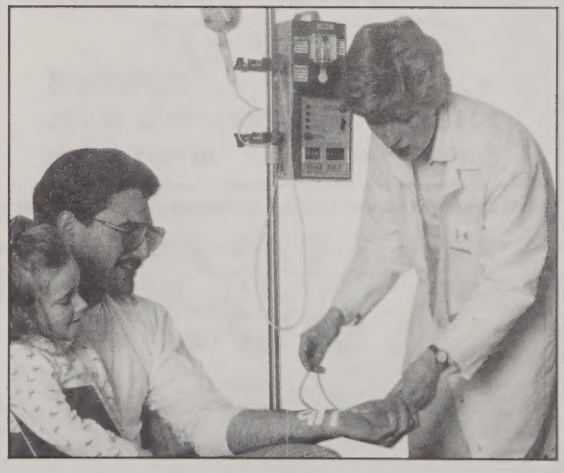
brings you the best of both worlds

We feature a full line of—**Pharmacia Deltec** *Ambulatory Infusion Pumps for home* **IV** *therapy including...*

- *chemotherapy*
- *pain control (physician controlled/patient activated)*
- *antibiotic therapy (precisely timed/intermittent*

For further information or to make a referral, CALL: (413) 733-4121

***...continuing to bring state of the art technology to the* PIONEER VALLEY**



PROTOCARE / **PIONEER VALLEY HOME INFUSION THERAPY, INC.**

50 Maple Street • Springfield, MA 01103 • (413) 733-4121

Patient Care Information
Systems And Physicians

Baystate Medical Center is now evaluating new Patient Care Information Systems products. Physicians are being called upon to take an active role at this early stage of evaluation. The physician community has a unique opportunity for involvement with this system. This article is presented to educate and invite all interested physicians to participate.

DEFINITION

A Patient Care Information system (PCIS) is a computerized communication system interconnecting all aspects of patient care. Patient information can be rapidly and accurately distributed to all those that need it, from physicians and nurses to ancillary support services. Baystate Medical Center is now investigating alternative products for a new hospital-wide information system.

GOALS OF PCIS

The primary goals of an PCIS are: 1) improve patient care (everything from more accurate and efficient execution of physicians orders to better scheduling of patient tests and procedures), 2) increase nursing efficiency (allowing nurses to DO NURSING instead of innumerable clerical and administrative duties that keep them from the bedside) and 3) facilitate more cost effective medical care by improving efficiency and centralizing the record of care.

WHY PHYSICIANS MUST BE INVOLVED

Physicians are the leaders of the health care team. They are dedicated patient advocates interested in all that affects their patients. The significant impact an PCIS will have on patient care at BMC demands that we become informed and involved with it. In selecting a physician to act as Director of Medical Information Systems, BMC is making a firm commitment to physician participation at all levels of a new BMC PCIS.

THE CHALLENGE BEFORE BMC MEDICAL COMMUNITY

The time is now for all physicians who admit patients to BMC to get involved and learn about these new systems. The final selection of PCIS products is yet to be made. Let your voice be heard! At the same time, enjoy the opportunity of witnessing some of the POSITIVE aspects of clinical practice in the 1990's. Excursion to New York University Hospital to see one of the PCIS products in use is now being planned. If you are interested, or would just like more information about the PCIS, please call Dr. Bill Bria at 784-4470.

ESTABLISHED IN THE YEAR 1891
Dickinson-Streeter Funeral Service
305 STATE ST., SPRINGFIELD, MASS.
Earle C. Bradley Alfred J. Gay

COMPUTER CONSULTANT
for IBM PC and compatibles
assistance with: purchasing decisions
software review/evaluation
installation/maintenance
staff training
MICRO HEALTH SYSTEMS
Luis Bosch
(413) 737-7323

ORIENTAL RUGS
We buy and sell Oriental Rugs
MARKARIAN & MARKARIAN
EST. 1895
472 BRIDGE STREET, SPRINGFIELD
at APREMONT TRIANGLE 737-1227
ANTIQUE and SEMI-ANTIQUE RUGS
AUTHENTIC OIL PAINTINGS
INDIAN and CHINESE RUGS

Your Hampden District Medical Society Sponsors

HOSPITAL, SURGICAL, MEDICAL &
MAJOR MEDICAL INSURANCE
for Physicians and Eligible Employees

COMPARE Cost and Coverage

Also Available to You

5 YEAR RENEWABLE GROUP TERM LIFE
($350,000 Maximum)

DISABILITY INCOME
($1,500 Weekly Maximum)
New Recovery Benefit
GUARANTEED: Renewable/Convertible

OFFICE OVERHEAD
($10,000 Monthly, New Maximum)

For Details, Contact:

CRAIG W. STEWART
District Supervisor
65 Forest Glen Road, Longmeadow, Ma. 01106
Telephone (413) 567-5774

LB personal service since 1922

LESTER L. BURDICK, INC.
Loyalty Group Insurance

10 POST OFFICE SQUARE
BOSTON MA 02109
(617) 426-0020

UNDERWRITTEN BY: COMMERCIAL INSURANCE COMPANY,
15 CORPORATE PLACE SOUTH, PISCATAWAY, NJ 08854 • (201) 981-4842

PUT THE COMPETITION IN ITS RIGHTFUL PLACE: THE REARVIEW MIRROR.

Few cars can keep pace with the new BMW M6.

A masterpiece from BMW's Motorsport Division whose hand-built, 6-cylinder, 24-valve, 256-horsepower engine and race-refined suspension put it "clearly into the realm of dream cars" (Auto Motor und Sport).

Yet unlike many "dream cars," the M6 isn't a nightmare in normal driving situations.

In fact, Motor Magazine praised its "sabre-edged throttle response and complete lack of temperament in traffic."

You're encouraged to thoroughly examine the M6 in our showroom. Unless you're willing to settle for a passing glimpse on the highway.

THE ULTIMATE DRIVING MACHINE.

©1987 BMW of North America, Inc. The BMW trademark and logo are registered.

BALISE BMW

603 East Columbus Ave., Springfield

OPEN: Mon-Thur 9-9
Fri til 5:30, Sat til 5

BALISE BMW - The Official Dealer chosen by Skip Barber & Lime Rock Park Raceway.

734-6700